


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90144 001 ****61.25
 04-11-2007 90144 002 *****8.75

DOCUMENT # N99000000031

1. Entity Name
EL PAN DE VIDA, INC.



Principal Place of Business
 2152 WHISPER LAKES BLVD.
 ORLANDO, FL 32837

Mailing Address
 P.O. BOX 770416
 ORLANDO, FL 32877

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2. Principal Place of Business - No P.O. Box #
152 Oakwood Dr.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04092007 Chg-NP CR2E037 (12/06)

City & State
Kissimmee, FL

City & State

Zip
34743

Country

Zip Country

4. FEI Number
59-3573347

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FELIZ, BENJAMIN
152 OAKWOOD DR.
KISSIMMEE, FL 34743

7. Name and Address of New Registered Agent

Name
Dr. JOSE A. REYES, SR.

Street Address (P.O. Box Number is Not Acceptable)
13670 Hawk Lake Dr.

City
Orlando

State
FL

Zip Code
32837

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jose Antonio Reyes* **Jose A. Reyes Sr.** **4-9-07**

(NOTE: Registered Agent signature required when transferring.)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
 Trust Fund Contribution **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	REYES, JOSE A SR. DR.	
STREET ADDRESS	13670 HAWK LAKE DR.	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYES, OLFA	
STREET ADDRESS	13670 HAWK LAKE DR.	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FELIZ, BENJAMIN	
STREET ADDRESS	2306 SAPHIRE CT.	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUNA, PEDRO	
STREET ADDRESS	903 WHARF LANE APT. 202	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYES, EDUARDO	
STREET ADDRESS	7505 THELMA WAY	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYES, JUAN	
STREET ADDRESS	2400 GLENRIDGE AVE	
CITY-ST-ZIP	KISSIMMEE, FL 34746	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Octavio Abreu	
STREET ADDRESS	4986 Heart Land St.	
CITY-ST-ZIP	Orlando, FL 32829	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lucas Rivera	
STREET ADDRESS	2007 Kelly Ave.	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Felipe Rodriguez	
STREET ADDRESS	12314 Leek Ct.	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose Antonio Reyes Sr.* **Jose A. Reyes Sr.** **4-9-07** **(407) 344-8432**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #